

September 24 11am-4pm Carmichael Park 650 E. Southern St

On behalf of the City of Brighton Special Events Department,

We would like to thank you and your organization for your commitment to participate in the City of Brighton's 2016 EcoFair event! Your support and participation helps to make this a fun and educational day for everyone involved. We look forward to seeing you on Saturday, September 24<sup>th</sup>!

Please fill out the attached booth application. If you plan to sell products at this event a sales tax form must be also be filled out and returned. <u>Please fill out and return as soon as you can</u> and no later than September 9<sup>th</sup>.

A 10' x 10' space will be provided for each vendor. <u>Vendors must provide a canopy, tables and chairs.</u> We encourage you to market your product/service in an appropriate manner. The City of Brighton is not responsible for vendor sales related to this event.

Who completes the booth application?
Anyone with products, services or information to exhibit or sell.

#### How much does it cost?

Vendor Fee \$50: Covers publicity/marketing and a 10' x 10' space; contact the Special Events Division if additional space is needed. Requests will be considered if space is available.

Non-Profit Vendors: no charge.

Temporary Sales Tax Permit \$35: Only if you plan to sell food and/or products and do not have a 2016 City of Brighton Sales Tax License. Fee includes one-day event permit and sales tax.

## Before Mailing:

- Complete all information on the booth application
- •Include check for Vendor Fee payable to: Ecofair
- •Include check for Temporary Sales Tax Permit Fee payable to: City of Brighton

Remember, if selling food, prepackaged food, products, services or charging for activities:

- 1. Attach a copy of 2016 Brighton Sales Tax License OR
- 2. Complete the One-Day Special Event Sales Tax Permit Application (attached) and include \$35 check payable to: City of Brighton.
- 3. Mail all forms to:

City of Brighton, Events, Volunteers & Downtown Initiative Division 22 S. 4<sup>th</sup> Avenue Brighton, CO 80601 Rm 301 or...

Email: aporter@brightonco.gov

(Incomplete applications may not be approved.) Confirmations will be mailed after September 9<sup>th</sup>.

We hope you have a great day, and if you have any more questions please contact Amy Porter at 303-655-2126



# **Booth Application**App Deadline September 9



| CONTACT PERSON:  |                                  |  |
|--|----------------------------------|--|
| ORGANIZATION:  |                                  |  |
| STREET ADDRESS:  |                                  |  |
| CITY: ST: ZIP:   |                                  |  |
| MAILING ADDRESS:   |                                  |  |
| CITY: ST:  | ZIP:                             |  |
| FAX:   | Work Ph:                         |  |
| Home Ph:   | Cell Ph:                         |  |
| E-mail:  |                                  |  |
| 1. Briefly describe your organization: 2. Briefly describe your exhibit plans:   |                                  |  |
| 3. Do you plan to sell prepackaged food? NO  | YES                              |  |
| 4. Do you plan to sell products, prepackaged food or charge for activities?  If YES (1) attach copy of your 2016 Brighton Sales Tax License or (2) complete the <i>One-Day Special Event Sales</i> Tax Permit Application (attached) and include \$35 check made payable to: City of Brighton Sales Tax Permit Office.   |                                  |  |
| 5. Electricity is not provided. Generators must be whisp   | per quiet. Bringing a generator? |  |
| If YES, please complete: Generator Size: Ar  | mps:                             |  |
| Important Information  |                                  |  |
| Weather: This event will not be cancelled due to inclement weather.  Refunds: Only available if a written cancellation is received before September 15, 2016.  No refunds are given for (1) no shows or (2) bad weather.  No Shows: Booths not claimed by 10:30 AM on event day may be reassigned.  Waiting List: Space is limited, but a waiting list will be established in case of cancellations.  Assignments are made on a first-come-first-served basis. |                                  |  |
| The City of Brighton is not responsible or liable for any damages, theft or loss of any booth or display equipment or the contents of any booth or display. Please make a copy of this form for your records.  |                                  |  |
| Signature:   | Date:                            |  |

## **CITY OF BRIGHTON**

2016 One-Day Special Event Sales Tax Permit Application

## Do you need to apply for a one-day special event sales tax permit?

- YES if you do not have a 2016 Brighton Sales Tax License AND plan to sell products, services, prepackaged food or charge for amusements or activities
- NO are providing free information, performances or activities

### **Important Information**

- Fee is \$35 and includes event permit and event day sales tax
- Make checks payable to: City of Brighton Sales Tax Permit Office
- Include check and this **fully completed** form and return <u>with event application</u> to: City of Brighton

| Indicate event by checking one box:  Summerfest Festival of Lights Concert Series Other Event  1. Business Name (dba if applicable) 2. Contact Name 3. Business Location Address City State Zip Phone #  4. Business Mailing Address City State Zip  5. Telephone # E-mail 6. Date of Event  7. Business Description (i.e. food, gifts, balloons, etc.)  8. Federal ID/Social Security # CO State Sales Tax ID #  9. Emergency Contact Name Phone #  I declare under penalty of perjury, that the statements made herein are made in good faith pursuant to the tax laws of the City of Brighton and to the best of my knowledge are true, correct, and complete.  Signature Title  DATE  FOR CITY USE ONLY Date Received Received Amount \$ Amount \$ Permit # Date Issued Notes |  | Events, Volunteers & Downtown Initiative Office, 22 So. 4 <sup>th</sup> Ave. Rm. 301, Brighton, CO. 80601 |  |
|---|--|---|--|
| 2. Contact Name  3. Business Location Address  City State Zip Phone #  4. Business Mailing Address  City State Zip  5. Telephone # E-mail  6. Date of Event  7. Business Description (i.e. food, gifts, balloons, etc.)  8. Federal ID/Social Security # CO State Sales Tax ID #  9. Emergency Contact Name Phone #  I declare under penalty of perjury, that the statements made herein are made in good faith pursuant to the tax laws of the City of Brighton and to the best of my knowledge are true, correct, and complete.  Signature Title  DATE  FOR CITY USE ONLY  Date Received Receipt Number Amount \$  Permit # Date Issued   |  | Summerfest Festival of Lights Concert Series  |  |
| 3. Business Location Address  City State Zip Phone #  4. Business Mailing Address City State Zip  5. Telephone # E-mail  6. Date of Event  7. Business Description (i.e. food, gifts, balloons, etc.)  8. Federal ID/Social Security # CO State Sales Tax ID #  9. Emergency Contact Name Phone #  I declare under penalty of perjury, that the statements made herein are made in good faith pursuant to the tax laws of the City of Brighton and to the best of my knowledge are true, correct, and complete.  Signature Title  DATE  FOR CITY USE ONLY Date Received Receipt Number Amount \$ Permit # Date Issued   | 1.   | Business Name (dba if applicable)   |  |
| City State Zip Phone #  4. Business Mailing Address  City State Zip  5. Telephone # E-mail  6. Date of Event  7. Business Description (i.e. food, gifts, balloons, etc.)  8. Federal ID/Social Security # CO State Sales Tax ID #  9. Emergency Contact Name Phone #  I declare under penalty of perjury, that the statements made herein are made in good faith pursuant to the tax laws of the City of Brighton and to the best of my knowledge are true, correct, and complete.  Signature Title  DATE  FOR CITY USE ONLY Date Received Receipt Number Amount \$ Permit # Date Issued  | 2.   | Contact Name  |  |
| 4. Business Mailing Address   | 3.   | Business Location Address   |  |
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| 5. Telephone # E-mail   | 4.   | Business Mailing Address  |  |
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| 9. Emergency Contact Name   | 7. Business Description (i.e. food, gifts, balloons, etc.) |   |  |
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| FOR CITY USE ONLY Date Received Receipt Number Amount \$  Permit # Date Issued  |  |   |  |
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| Date Received Receipt Number Amount \$           Permit # Date Issued   | DATE   |   |  |
| Permit # Date Issued  |  |   |  |
| Notes   |  |   |  |
|   | No   | es  |  |